

## Curricular Practical Training (CPT) Form

**Student Information:**

<b>Family Name:</b>	<b>Given Name:</b>
<b>SAU ID #:</b>	<b>Email Address:</b>

**CPT Information:** *(Additional Sites on Page 3)*

<b>Course Number:</b>		<b>Course Name:</b>		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

<b>Course Number:</b>		<b>Course Name:</b>		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

**Student Acknowledgment:**

To meet the requirements as an F-1 International Student at Southern Adventist University (SAU),

I, \_\_\_\_\_, agree that:  
*Student Given Name and Family Name*

1. I deem the information above as correct to the best of my knowledge.
2. I will notify the International Student Services office if there are any changes in my CPT listed above or if I have any additional sites off campus to report.
3. The above information pertains to a curricular requirement for me to complete my current program/degree, and not for personal gain.
4. Working full-time, if applicable, under CPT affects my eligibility for a full-term (12 months) of Optional Practical Training (OPT).

**I understand that failure to meet any of the above requirements may result in termination of my I-20 and F-1 immigration status at Southern Adventist University.**

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*ISS Advisor*

## Curricular Practical Training (CPT) Form

### **Department Acknowledgment**

By signing below, I agree to the following:

- I acknowledge that the student and rotation site information are correct, and that the above activity is a curricular requirement for the student's program/degree.
- I agree that I will notify the International Student Services office with any changes pertaining to the student's site information above.
- I understand that students who work full time (20-40 hours a week) under CPT become ineligible for a full 12 months of Optional Practical Training (Part-time CPT does not effect a student's eligibility for a full 12-month term of OPT).
- I understand that falsified information can result in legal consequences, including termination of the student's F-1 immigration status at Southern Adventist University

\_\_\_\_\_  
*Print Name (Academic Advisor or Department/Program Chair)*

\_\_\_\_\_  
*Department*

\_\_\_\_\_  
*Extension*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Curricular Practical Training (CPT) Form

### CPT Information: Additional Sites

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)